

FLAT RATE POSTAGE
REGARDLESS OF WEIGHT
DOMESTIC USE ONLY

CALL 1-800-222-1811 FOR



UNITED STATES POSTAL SERVICE

HOW TO USE:



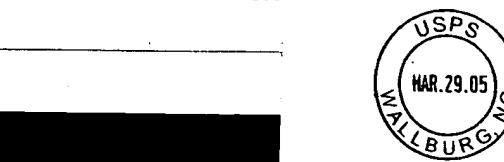
E 0593050178 US

PRESS HARD. YOU ARE MAKING 3 COPIES.

| ORIGIN (POSTAL SERVICE USE ONLY) | |
|---|---|
| PO ZIP Code 27873 | Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day Postage \$ 13.65 |
| Date Accepted 2/28/04 | Scheduled Date of Delivery Month 3 Day 31 Year Return Receipt Fee \$ |
| Mo. Doy Year 1555 | Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM COD Fee \$ \$ Insurance Fee Military Total Postage & Fees \$ 13.65 |
| Time Accepted 1555 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code Ibs. ozs. |
| Acceptance Eppi: Initials | |
| FROM: (PLEASE PRINT) PHONE (| |
| FOR PICKUP OR TRACKING Visit WWW.USPS.COM Call 1-800-222-1811 | |

This
the
(BS)

EP-13F February 2002



www.usps.com

AGES

SS MAIL
POSTAGE REQUIRED
DOMESTIC USE ONLY

2151

Addressee Copy
Label 11-B, March 2004

Post Office To Addressee

| DELIVERY (POSTAL USE ONLY) | |
|----------------------------|---|
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature |
| Mo. Day | |
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature |
| Mo. Day | |
| Delivery Date | Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature |
| Mo. Day | |

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. WAIVER OF SIGNATURE (Domestic Use Only)
Additional merchandise insurance coverage may be purchased by marking this box. Signature
with delivery to be made in the name of delivery employee
of addressee or addressee's authorized delivery employee.
(If delivery is to be made in name of addressee, check this box.)
I authorize that delivery by my employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or
Postal Service Acct. No.

| NO DELIVERY Weekdays (Monday-Friday) | |
|--|---------|
| USPS MAIL | Phone (|
| TO (PLEASE PRINT) |) |
| MAR 29 2005 | |
| EXpress MAIL LABEL RATE IN | |
| ZIP + 4 (U.S. ADDRESSES ONLY, DO NOT USE FOR FOREIGN POSTAL CODES) | |
| + <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW. | |

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Commissioner for Patents- USPTO
Attention: Mr. Robert M. Fetsuga
Art Unit 3751
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